



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Home and Community Based Care Waiver Service
Providers and Managed Care Organizations
Participating in the Virginia Medical Assistance
Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special
DATE: 1/10/2007

SUBJECT: Updates and Clarification of the Prior Authorization Process for Community Based
Care Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information to expedite the review process. We understand that some providers may still be experiencing delays, however, we are seeing progress in the correct submission of PAs by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

Timely Filing Requirements

Beginning January 1, 2007, timely submission for requests will again be applied and determinations will be made based on timeliness. DMAS had extended the relaxed requirement of timely submission for PA requests through December 31, 2006. This applies for requests received at KePRO that date back to June 19, 2006, regardless of the service dates. **This includes timeliness for submissions to KePRO and the requirements regarding no retroactive approval for hours over the LOC cap or Supervision (except as otherwise stated in the appropriate provider manual).** Please refer to DMAS' Waiver manuals and regulations regarding timely submission for PA.

Helpful Submission Tips for Quickest Processing

Following are additional tips to expedite the processing of your request.

- If you have a question or concern regarding a specific case and know the case ID number, sending an e-mail to providerissues@kepro.org is an option, as outlined below in the

Resource Information Section of this memorandum. Please do not send Protected Health Information (PHI) over the internet unless it is secure and encrypted.

- Whenever possible and practical, please fax one case at a time. When multiple faxes are submitted at one time through the fax machine, pages sometimes are skipped and KePRO does not receive all the information needed.
- For EDCD and HIV/AIDS Waiver, agency providers submitting requests for both personal care and respite should submit two separate fax requests or two separate cases via iEXCHANGE. The correct service provider number must be clearly identified on the DMAS-98 (Community Based Care Request for Services Form). The iEXCHANGE system can only transmit one servicing provider number per case, so if agency providers submit a request for personal care and respite on the same form or the same case, only one PA will be generated with one of the provider numbers.
- Requests for Consumer-Directed personal care and respite may be submitted on the same DMAS-98 (Community Based Care Request for Services Form) or in the same case in iEXCHANGE. Both of these services are authorized under the Service Facilitator's provider number. Only one PA will be generated for both services.
- DD Waiver Case Managers must be sure to submit separate service requests via the DMAS-98 (Community Based Care Request for Services Form) or iEXCHANGE for different servicing providers.
- For EDCD and HIV/AIDS Waiver, whenever a Waiver recipient is admitted to a Nursing Facility or Inpatient Rehabilitation, even for one day, a new request must be submitted to KePRO to resume services. Please indicate the first day of care post-discharge as your start date. It is not necessary to complete a new enrollment package or include screening documents unless the recipient was discharged from the facility more than 6 months prior to the resumption of care. In these cases, please see the appropriate specific Waiver Manual for required screening documentation.
- Be sure to provide necessary information to justify and correspond to the amount of service being requested. Be sure to include the amount of services requested and your provider number for each service requested.
- Please refer to the DMAS-98 (Community Based Care Request for Services Form) instructions or the specific Waiver Manual for which the recipient is enrolled for specific information regarding services and information required to justify each service.
- To prevent illegible receipt of requests, providers are encouraged to use the editable versions of the DMAS 98 (Community Based Care Request for Services Form) for submission of your waiver request. This form and instructions for use are located under "forms" on KePRO's website <http://dmas.kepro.org>

Resource Information

- Detailed instructions specific to submitting Waiver requests are found within the DMAS-98 (Community Based Care Request for Services Form). This form is located under “forms” on KePRO’s website <http://dmas.kepro.org> or at www.dmas.virginia.gov/prior_authorization.htm.
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond.

<u>KePRO Contact Information</u> You may contact KePRO through the following methods: iEXCHANGE: http://dmas.kepro.org/ Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884) Local Phone: (804) 622-8900 Fax: 1-877-OKBYFAX (1-877-652-9329) Mail: 2810 N. Parham Road, Suite 305, Richmond, VA 23294 Provider Issues: ProviderIssues@kepro.org	<u>DMAS and KePRO Website Resources</u> <i>The following resources are available on the DMAS and KePRO websites:</i> 1. iEXCHANGE Registration information 2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes 3. Recent PA provider training presentations 4. Prior Medicaid Memos 5. PA Fax Request Forms and Instructions 6. PA Reference Guides 7. KePRO “Insider” Provider newsletter
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Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. To enroll for access to this system, go to <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the

“Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.